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APPLICANTS

Johan Wilhelm Stjernschantz, Uppsala, SWEDEN;
 Bahram Resul, Uppsala, SWEDEN;

** CONTINUING DATA *****

This application is a CON of 10/330,846 12/27/2002 ABN
 which is a CON of 10/106,228 03/27/2002 ABN
 which is a CON of 09/781,896 02/12/2001 PAT 6,417,230
 which is a CON of 09/307,813 05/10/1999 PAT 6,187,813
 which is a CON of 08/461,341 06/05/1995 ABN
 which is a DIV of 07/986,943 12/08/1992 PAT 5,422,368
 which is a CON of 07/469,442 04/10/1990 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/11/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 0	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

28940

TITLE

PROSTAGLADIN DERIVATIVES FOR THE TREATMENT OF GLAUCOMA OR OCULAR HYPERTENSION

FILING FEE RECEIVED 1716	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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